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City	of Sai	ita I	Kosa



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DISCLOSURE FORM

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DEPARTMENT USE ONLY				
Related Files	Development Department			
CUP17-103	JL Quad.			
	CED 2 0 2017			

T.	Project Title: 0 Airway Drive, Santa Rosa CA 95403: Hampton Inn & Suites				
		APN 058-033-018			
	Please provide the name of each individual, partnership, corporation, LLC, or trust who has an interest in the proposed land use action. Include the names of all applicants, developers, property owners, and each person or entity that holds an option on the property.				
DISCLOSUR	Individuals:Identify all individualsPartnerships:identify all general and limited partnersCorporations:Identify all shareholders owning 10% or more of the stock and all officers and directors (unless corporation is listed on any major stock exchange, in which case only the identity of the excha- listed.LLCs:Identify all members, managers, partners, officers and directors.Trusts:Identify all trustees and beneficiaries.Option Holders:Identify all holders of options on the real property.				
E	Full Name:	Address:			
F	Tharaldson Investements; Don Cape	4255 Dean Martin Drive, Suite J, Las Vegas, NV 89103			
O R					
M					
	In addition, please identify the name of eac	h civil engineer, architect, and consultant for the project.			
	Full Name:	Address:			
	Adobe Associates, Inc.; Timothy Schram	1220 N. Dutton Avenue, Santa Rosa CA 95401			

Additional names and addresses attached:

🗆 Yes 🔳 No

The above information shall be promptly updated by the applicant to reflect any change that occurs prio	r to final action.
I certify that the above information is true and correct: Applicant	5/10/16 Date